



## Re-designate Host of a STP Location

There is a processing fee of \$75.00 payable by check or credit card. If utilizing credit card, separately submit payment via [www.arccorp.com/payment/](http://www.arccorp.com/payment/)

### Preparer Information

All correspondence regarding this application will be sent to the individual designated below:

1. Name of Preparer: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Part 1 – STP Location Information

#### A. Legal Name and Address

1. STP Agency Code Number (ACN): \_\_\_\_\_
2. Legal name: \_\_\_\_\_
3. Doing Business as (dba) Name: \_\_\_\_\_
4. Suite/Floor/P. O. Box: \_\_\_\_\_
5. Street address: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part 2 - New Host Information

#### A. New Host Address

1. Host Agency Code Number (ACN): \_\_\_\_\_
2. Legal Name: \_\_\_\_\_
3. Doing Business as (dba) Name: \_\_\_\_\_
4. Suite/Floor/P. O. Box: \_\_\_\_\_
5. Street address: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Telephone number: \_\_\_\_\_
8. Fax number: \_\_\_\_\_

€ Check here if the addresses for the Correspondence, Ticket Delivery and Sales Summary are the same as the above Legal Address. If the addresses are not the same, please complete the applicable addresses below.

#### B. Correspondence Address

Provide the address to which all mail other than sales summaries should be mailed.

1. Suite/Floor: \_\_\_\_\_
2. Street address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



### C. Ticket Delivery Address

If ARC traffic documents are required, please provide a physical delivery address.

1. Suite/Floor: \_\_\_\_\_
2. Street address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Agency Code Number (ACN), if applicable: \_\_\_\_\_

### D. Sales Summary Address

1. Suite/Floor: \_\_\_\_\_
2. Street address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Signature

By signing this document, the signed acknowledges the information is true and correct.

\_\_\_\_\_  
Signature of owner or officer

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name of above signatory Title of above signatory

### Part 3 - Application Checklist

- € Enclose \$75.00 application fee
- € If utilizing a credit card, separately submit payment via [www.arccorp.com/payment/](http://www.arccorp.com/payment/)

#### Mail completed application with all required attachments to,

Airlines Reporting Corporation  
Attention: Accreditation  
3000 Wilson Blvd., Suite 300  
Arlington, VA 22201

For additional information, please contact us at 1.855.816.8003 or [adm@arccorp.com](mailto:adm@arccorp.com)